

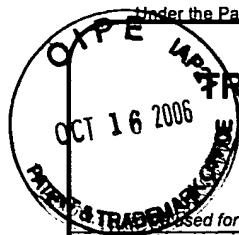
JFW

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

Use this form for all correspondence after initial filing)

Total Number of Pages in This Submission

33

Application Number	10/806,878
Filing Date	March 23, 2004
First Named Inventor	Leon M. Clements et al.
Art Unit	3626
Examiner Name	Unassigned
Attorney Docket Number	0771CG.035249

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fee transmittal in duplicate; 2. Second Supplemental Information Disclosure Statement; 3. Copy of WO 2004/015602A; and 4. Postcard.
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Bracewell & Giuliani LLP (Customer No. 35979)		
Signature			
Printed name	Jeffrey S. Whittle		
Date	10-10-06	Reg. No.	36,382

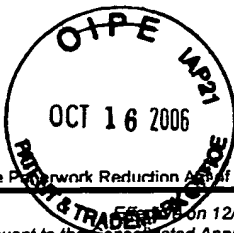
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Dora Rios	Date	10-10-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

**Complete if Known**

Application Number	10/806,878
Filing Date	March 23, 2004
First Named Inventor	Leon M. Clements, et al.
Examiner Name	Unassigned
Art Unit	3626
Attorney Docket No.	0771CG.035249

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 500259 Deposit Account Name: Bracewell & Giuliani LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
0	- 20 or HP =	0 x 0 =	0

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
0	- 3 or HP =	0 x 0 =	0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
0	- 100 =	0 / 50 =	0 (round up to a whole number) x	0 =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

**Fees Paid (\$)**

0

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent) 36,382

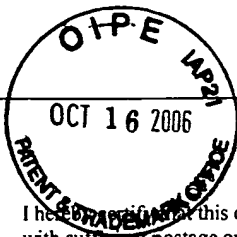
Telephone 713-221-1185

Name (Print/Type) Jeffrey S. White

Date 10-10-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class U.S. Mail with sufficient postage on the date indicated below, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 10-10-2006

By: *Dora Rios*  
Dora Rios

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Patent Application of:	) Examiner: Unassigned
Leon M. Clements, et al.	)
	)
Filed: March 23, 2004	)
	) Group Art Unit: 3626
Application No. 10/806,878	)
	)
For: PHARMACEUTICAL	)
INVENTORY AND	) Attorney Docket No. 0771CG.035249
DISPENSATION COMPUTER	)
SYSTEM AND METHODS	)

**SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**  
**UNDER 37 C.F.R. § 1.97 AND 1.98**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In compliance with the duty of disclosure under 37 C.F.R. §1.56, it is respectfully requested that this Information Disclosure Statement be entered and the references listed on attached Form PTO-1449A be considered by the Examiner and made of record.

In accordance with 37 C.F.R. §1.97(g-h), this Information Disclosure Statement is not to be construed as a representation that a search has been made or construed as an admission that the information cited herein is, or is considered to be, material to patentability as defined in 37 C.F.R. §1.56(b).

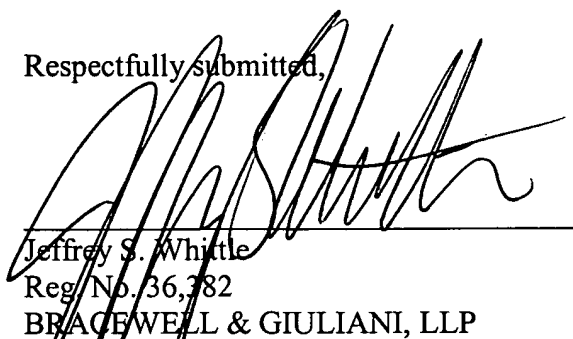
In re Patent Application of:  
Clements, et al.

Application No. 10/806,878

This Information Disclosure Statement is being filed before issuance of a First Office Action. Applicants, therefore, do not believe a fee is required. In the event a fee is required, the Commissioner is hereby authorized to charge any fees which may be required, now or in the future, to the undersigned's Deposit Account No. 50-0259, Order No. 0771CG.035249.

Respectfully submitted,

Date: 10-10-06



Jeffrey S. Whittle  
Reg. No. 36,382  
BRACEWELL & GIULIANI, LLP  
P.O. Box 61389  
Houston, Texas 77208-1389  
713-221-1185  
713-221-2141 (Facsimile)  
Attorney for Applicant

Substitute for form 1449A/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>		<b>Complete if Known</b>	
		<b>Application Number</b>	10/806,878
		<b>Filing Date</b>	March 23, 2004
		<b>First Named Inventor</b>	Clements, et al.
		<b>Art Unit</b>	3626
		<b>Examiner Name</b>	Unassigned
Sheet 1 Of 1		<b>Attorney Docket Number</b>	0771CG.035249

U.S. PATENT DOCUMENTS				
Exr Initials*	Document Number Number- Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines Where Relevant Passages Or Relevant Figures Appear
	2002/120471A1	08/29/2002	Drazen	
	6,666,820B1	12/23/2003	Poole	
	2004/193019A1	09/30/2004	Wei Nien	

FOREIGN PATENT DOCUMENTS						
Exr Initials	Foreign Patent Document			Name of Inventor or Applicant of Cited Document	Date of Publication of Cited Document MM-YYYY	T
	Country Code	Number	Kind Code (if known)			
	WO	2004/015602A		Pharmacia	02/19/2004	Y

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS		
Exr Initials	Include Name of first Author (in CAPITAL LETTERS), title of the article (where appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), volume-issue number(s), page(s), date (in parentheses). If a book, also include publisher and city and/or county where published.	T

<b>Examiner Signature</b>		<b>Date Considered</b>	
---------------------------	--	------------------------	--

2003643.1